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ABSTRACT

The presentation of timely factual knowledge ccncerning drug abuse is the goal of this teacher's guide for drug education. It is designed as an open-ended guide to aid the teacher in the molding and changing of attitudes toward drug abuse. Categories of topics include: emergency procedures; vocabulary--both technical and jargon; drug pharmacology for hallucinogens, sedatives, stimulants, narcotics, volitale chemicals, alcohol, and tobacco; legal ramificaticns; teaching techniques and positive attitudes for drug education; suggestions and topics for grade-level discussion (K-8); resource people; and a bibliography of books, pamphlets, and films. Alsc provided is a chart listing drugs, medical uses, symptoms produced, and their dependence potentials. [Not available in hardcopy due tc marginal legibility of original document.] (BL)

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Procedural Guide for DRUG and NARCOTIC Education

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A Child Help Himself

A New Direction To Help

PHOENIX ELEMENTARY SCHOOL DISTRICT NO. 1

SE 010 975

ED048010

PHOENIX ELEMENTARY SCHOOL DISTRICT NUMBER ONE
PHOENIX, ARIZONA
1970

A Procedural Guide

For

DRUG AND NARCOTIC EDUCATION

Kindergarten - Eight

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PREFACE

Drug education and drug abuse prevention is the responsibility of the total community spectrum. The school's basic responsibility, and therefore the goal of the individual teacher, is the presentation of timely factual knowledge concerning drug abuse. Through this presentation, and with an awareness of our students' needs in a changing society, the teacher can better aid in the molding and changing of attitudes toward drug abuse. Facts, not morality, should be stressed. Drug abuse education in schools will not solve the problem of drug abuse. However, research has shown that the reason some young people have not turned to drugs, despite the opportunity to do so, was because they had learned something about the harmful effects of drugs. Therefore, Phoenix Elementary District No. I feels that it would not be meeting its responsibilities to society, the local community, or to the students themselves unless it had a wholesome learning experience on drug abuse as a part of its curriculum.

The information in this procedural guide is not meant to be anymore than an open-ended guideline for the teacher. This guide is divided into the following categories: Emergency procedure page, Vocabulary (technical and jargon), Drug Pharmacology, Legal ramifications, Suggestions and topics for grade-level discussion, Resource People, Films, and Bibliography. Feel free to add any information or procedures that have been of benefit to you. The jargon vocabulary may need constant revision. It is hoped that periodic "add-on" pages will be made available. It is suggested that, at this time, it would be best to present your information in an integrated manner with other subjects.

Emergency Procedures

An important caution about the futility of an untrained person trying to solve a suspected addiction problem is well stated by the Los Angeles Police Department in its publication, Youth and Narcotics:

> " A well intentioned adult can create greater problems than already exist by attempting to act on his own in suspected cases. A typical illusion that exists is that a young adult can be talked out of his mistakes or that a chat with his parents will solve the problem.....Drug addiction is caused by a multiplicity of complex factors that the most intelligent layman is ill-equipped to combat".

What to do about a suspected drug user:

If a teacher suspects and/or finds evidence that a student may be a drug user, he should bring the matter to the attention of the principal without delay. The principal may wish to confer with the school nurse; and he should arrange a conference with the parent. The principal will inform the Assistant Superintendent for Educational Services.

Technical Terminology

DRUG ADDICTION----A state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the dose; (3) a psychological and generally a physical dependence on the effects of the drug; (4) a detrimental effect on the individual and on society.

DRUG HABITUATION--A condition resulting from the repeated consumption of a drug. Its characteristics include: (1) a desire (but not a compulsion) to continue taking the drug for the sense of improved well-being which it engenders; (2) little or no tendency to increase the dose; (3) some degree of psychological dependence on the effect of the drug, but absence of physical dependence; (4) detrimental effects, if any, primarily on the individual.

DRUG DEPENDENCE---A state of psychological or physical dependence, or both, on a drug, arising in a person following administration of that drug on a periodic or continuous basis. The characteristics of such a state will vary with the agent involved and these characteristics must always be made clear by designating the particular type of drug dependence in each specific case; for example, drug dependence of morphine type, of barbiturate type, etc.

DRUG ABUSE--------The use, by self-administeation, of any drug in a manner that deviates from the approved medical or social patterns within a given culture. This term is usually used in reference to agents which produce changes in mood and behavior.

PSYCHOLOGICAL DEPENDENCE---A state in which the person feels that the effects produced by a drug, or the conditions associated with its use, are necessary to maintain an optimal state of well-being or to avoid discomfort.

PHYSICAL DEPENDENCE--------An altered physiological state produced by the repeated use of the drug. Abstinence from the drug is characterized by a specific array of symptoms and signs that are specific for each drug type.

ADDICTION---------A behavorial pattern brought about by compulsive drug use. There is an overwhelming involvement with the use of a drug, securing of its supply, and a high tendency to relapse after withdrawal. This may occur with or without physical dependence or tolerance.

TOLERANCE---------A condition in which body cells protect themselves against toxic substances by developing resistance to them. Tolerance is manifested when repeated doses of the same amount of a drug become diminishingly effective and progressively larger doses are required to secure the desired effect.

JARGON OF DRUG ABUSE

ACID---LSD

ACID HEAD---LSD user

BABO---drug detoxifier or cleanser

BAG---container of powdered drug; dream of, or deep desire for happiness

BANG---keen drug satisfaction

BALLOON---rubber toy balloon used for storing or delivering heroin

BARBS---barbiturates

B-DACS---agents of the Bureau of Drug Abuse Control

BEAN - BENNIES--amphetamines (Benzedrine)

BINDLE---a small paper packet of heroin, morphine or cocaine

BIG FISH---important drug wholesaler

BIG-TIME---prosperous drug business

BLAST or BLOW---to smoke marijuana

BLAST OUT---escape (through drugs) from humdrum life

BLUE FUNK---deep depression "necessitating" relief through stimulant drugs

BLUES---barbiturates

BOTTLE---injectable amphetamines

BREAD---money needed for purchase of drugs

BUM TRIP OR BUMMER---bad experience with LSD

BURN---to accept money and give no narcotic in return

CAN---1 ounce of marijuana--term derived from Prince Albert Tobacco can in which marijuana was commonly sold in the past, now more frequently sold in small paperbags

CANDY---barbiturates

CAP---capsule of powdered drug

CHARGE---instant euphoria

CHICKEN---coward, quitter

CHICKEN-OUT---quit a dangerous practice because of fear

CHIPPY---an occasional user of heroin

CLEAN---off drugs, an addict who is free from narcotic injection marks, or is not in possession of narcotics

COCKTAIL--Methadone substitute for other narcotics

COKE---cocaine

COKEY---cocaine user

COLD-TURKEY---complete withdrawal from addicting drug without medication

CONNECT---to buy drugs

CONNECTION---drug supplier

COOL-CAT---one calmed by depressant drugs

CO-PILOTS---amphetamines

COP-OUT---to quit drug usually because of fear of the law

CRYSTAL---methedrine

CUSTOMER---drug buyer and user

CUT-STUFF---very much diluted drug

DEALER---drug salesman

DECK---packet of powdered drug

DEXIES---amphetamines (Dexamyl)

DOPE---any narcotic

DOPER---addict

DOWN---depressed feeling after drug wears off

DRAG---deep inhalation of a smoking drug

DRIVERS---amphetamines

DRUG---a substance intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or animals

DRUGVILLE---any place where drugs are extensively and intensively used

EUPHORIA---an exaggerated sense of well-being

EYE-OPENERS---amphetamines artifically induced

FAR-OUT---drugged, out of touch with reality

FEDS---federal narcotics agents

FIX---drug dosage

FLASH---to throw up after a fix or the feeling you get after fix

FLYING---under drug's influence, in euphoria

FOOTBALLS---amphetamines

FRANTIC---nervous, jittery drug user

FREAK-OUT---very bad drug experience, usually with LSD

FUZZ---policeman

GAME, The---group therapy session (as practiced at Creative Living Foundation)

GLUEY---one who inhales glue vapor for euphoria

GOOF-BALLS---barbiturates

GOOFER---one who uses pills

GOOFED-UP---under the influence of barbiturates

GOOFY DUST---cocaine powder for sniffing

GRADUATE---one who successfully gets over the drug habit (an honorably-discharged inmate of Daytop Village and Synanon)

GRASS---marijuana

GRASSHOPPER---marijuana user

H---heroin

HABIT---addiction to drugs

HARD-STUFF---strongly addicting drug

HARRY---heroin

HASH---hashish, marijuana

HAYWIRE---behaving in an unpredictable manner, usually after taking amphetamines or hallucinogens

HEAD---marijuana user

HEAD-SHOP---psychedelic store catering to pot and acid-heads

HEAT---the law

HIGH---under the effect of narcotics or drugs

HOG---an addict who uses all he can get his hands on

HOOKED---strongly addicted to a drug

HORNING---sniffing narcotics up the nose

HORSE---heroin

HOT-SHOT---poisonous or lethal dose of a drug, sometimes given by peddlers to informers

HANG-UP---addiction, strong attachment or problem

HUSTLER---prostitute

HYPE---an addict

HYPO---hypodermic needle for injectable drug

"IN"---belonging to, or accepted by, a gang or group

JAG---euphoria

JOBBER---one who stores drugs and supplies them to salesmen

JOINT---marijuana cigarette

JOLT---an injection of narcotics

JOLLY BEANS---amphetamines

JUG---injectable amphetamine

JUNK---any habituating or addicting drug (any habit-forming drug)

JUNKIE---drug abuser

KEEP YOUR COOL---to maintain calmness usually by use of depressant drugs

KICK THE HABIT---to withdraw from drugs successfully

KICKS---euphoria

LOADED---under the influence of drugs

LSD---lysergic acid diethylamide tartrate

MAIN-LINE---injection of drug into a vein

MANICURE---to prepare marijuana for use in cigarettes

METH-MONSTER---one whose behavior is uncontrollable because of Methedrine-abuse

MONKEY---morphine

MONKEY-MINISTER---morphine-addict

NARCOTIC---a drug that relieves pain and induces sleep--the hard drugs such as opium and heroin

NIMBIES---barbiturates (Nembutal)

O.D.---overdose of narcotics

PEACH---inform to authorities on law-breakers

PEANUTS---barbiturates

PEDDLER---drug salesman

PEP-PILLS---amphetamines

PILL-GULPER (or GUZZLER)---one who self-medicates with quantities of amphetamines, barbiturates or tranquilizers

PILL-HEAD (or PIN-HEAD)---a pill-drug abuser

PINK-LADIES---barbiturates

POT---marijuana

POT-HEAD---marijuana-user

PUSHER---drug salesman

PSYCHEDELIC---mind-manifesting

REEFER---marijuana cigarette

ROACH---a partially consumed marijuana cigarette

RUNNER---smuggler of illegal drugs

SCORE (or SCORING)---making a purchase of narcotics

SECCIES (or SEGGIES)---barbiturates (Seconal)

SEX-JUICE---supposedly a drug to stimulate sexual desire; aphrodisiac

SHAKE-the-HABIT---completely conquer a drug habit

SHOOT---to inject liquid drugs

SHOOTING-GALLERY---place rented by drug salesman where drugs are injected into addicts and prospective drug-abusers

SHORT---automobile

SHOT---an injection of narcotics

SKIN-POP---to inject liquid drug under the skin

SLEEPING PILLS---barbiturates

SMALL FRY---those at the bottom of the drug business who do the "dirty work" for drug dealers and wholesalers

SNIFFER---one who inhales drug vapor for euphoria

SNORT---to inhale powdered drug

SNOW---cocaine

SOURCE---where narcotics are obtained, i.e., pusher, dealer, supplier, connection

SMACK---heroin

SNOW BIRD---cocaine user

SPEED---Methedrine

SPEEDBALL---a powerful shot of drug, usually heroin and cocaine combined

SPEED-DEMON---Methedrine-abuser

SPIKE---a hypodermic needle

SQUARE---one who is not interested in using drugs; not "hep"

STASH---drug warehouse or hiding place

STICK---marijuana cigarette

STONED---intoxicated

STOOL PIGEON (or STOOLIE)---informer to authorities

STRAIGHT---under the influence of narcotics or drugs

STRETCH---dilute a drug to increase its quantity for greater profit

STRUNG-OUT---worn-out and sick from overdosing with drugs, mainly amphetamines

STUFF---any dangerous drug

SUCKER---one who "buys a sales pitch", one who gets "sold" on drugs by cronies or pushers

SUGAR---cube of LSD

SUPPLIER---one who stores and sells drugs

TEA---marijuana

TEA-PARTY---social get-together of marijuana smokers

TEA-SHADES---dark eyeglasses to protect dilated pupils of marijuana or amphetamine user

THING---main interest of the moment; related to "bag"

TRACKS---a series of puncture wounds in the veins caused by continuous narcotic injections

TRIP---LSD experience or episode

TRUCK DRIVERS---amphetamines

TUNED-IN (or TURNED-ON)---under deep influence of a stimulant drug or hallucinogen

UP---euphoric

USER---one who uses narcotics

WAKE-UPS---amphetamines

WEED---marijuana

WEEDHEAD---marijuana smoker

WHEELS---automobile

WHOLESALER---one who stocks drugs and sells to drug dealers

WIRED---under deep influence of a stimulant drug

YELLOW JACKETS---barbiturates

ZUNKED---strongly addicted to hard drugs

OVERVIEW OF DRUG USAGE

The values of thousands of drugs have been well established through research and clinical experience in the medical treatment of the sick. The antibiotics, for example, have saved millions of lives, even though they can be abused. The anti-coagulants have prevented blood clots and prevented illnesses or fatalities in many persons. Tranquilizers have soothed the agitated and belligerent and partially emptied the mental institutions with improvements, if not cures, of patient after patient. Drugs such as aspirin have been used, and are being used, by millions of people for the relief of minor headaches and other distresses.

Medical practice has not yet reached the stage where there is a specific drug for every illness, but the significance of drugs in the relief of illness and suffering cannot be denied. On the other hand, almost any drug in existence may cause illness or death because of drug sensitivity, overdosage, interactions with other drugs, and other complicating factors.

Drug abuse occurs within the professional fields of medicine and nursing, both in a personal way and in the treatment of patients. Many of the latter victimize their physicians with false and convincing claims of the need for narctoics. Some doctors and nurses fall prey to their own problems and the proximity of drugs in their professional lives. The patients sometimes do not follow their doctor's instructions regarding the use of prescribed drugs. The problem of sensitivity to drugs may cause some persons to have drug reactions that are different from the usual, and which may threaten, or actually cause, serious illness or death.

Drugs must always be used with caution and under the advice and supervision of qualified and licensed physicians. The use of illegal drugs of unknown potency and

quality without a medical reason and without the supervision of a physician is indeed an abuse of drugs; but abuses can and do occur within the field of medicine itself, despite rigid professional rules of conduct and legal and pharmaceutical safeguards.

The abuse of drugs used in medicine involves three primary categories of prescriptions: (1) the sedatives, (2) the stimulants and (3) the tranquilizers. Among the sedatives, the barbiturates are most abused. Among the stimulants, the amphetamines are most often involved. In Northern Ireland, for example, a study of 97 persons addicted to amphetamines showed that all but 8 had been introduced to the drug by physicians in treatments for obesity, depression and other disorders. Among the tranquilizers, a variety of prescription drugs may have harmful influences, although thalidomide must provide the classic example of damage to human health in this category. Fortunately, this drug was never marketed in the United States; but in other parts of the world it caused thousands of babies to be born with gross deformities when taken by women during pregnancy.

Examples of the misuse of drugs used in medicine are given in other sections of this guide and will not be discussed in detail in this part. To emphasize that all drugs, even those taken under the direction of a physician, must be used with caution because of possible drug sensitivities, overdosage, or personality differences is of upmost importance.

HALLUCINOGENS (PSYCHEDELIC)

LSD - A TRIP TO INSIGHT OR INSANITY

Hallucinogenic drugs are those that produce strong and bizarre mental reactions in people, and striking distortions in their physical senses, in what and how they see, touch, smell, and hear. The most widely known and used drug in this classification is LSD (D'-lysergic acid diethylamide). Other less known but powerful hallucinogens or psychedelic (mind-manifesting) drugs include peyote, mescaline, psilocylein, DMT, and STP, and marijuana. Except for government-approved use and research, these drugs are not used in any medical sense. It is abused by young people who use it for "curiosity", for "kicks", to "understand oneself better", or as a quest for "religious or philosophical insights". Users take it in capsule form or on a sugar cube, or other objects impregnated with the drug. Physically, it increases the pulse and heart rate, causes rise in blood pressure and temperature, dilates eye pupils, causes shaking of hands and feet, irregular breathing, and nausea, and loss of appetite. Psychologically, it has a number of effects. The first effects are likely to be sudden changes in the physical senses. Users are likely to "see" unusual patterns unfolding before them. Taste, smelling, hearing, and touch seem more acute. One sensory impression may be translated or merged into another; for example, music may appear as a color, and colors may seem to have taste. One of the most confusing, yet common, reactions among users is the feeling of too strong and opposite emotions at the same time -- they can feel both happy and sad or relaxed and tense.

Effects can be different at different times in the same individual -- the response to these drugs can not be predicted. In addition, days, weeks, or even months, after an individual has stopped using LSD, the things he saw while on the drug may recur and make him fear he is going insane. This is known as "flash back".

These drugs are particularly dangerous in that they can cause mental breakdowns of the paranoia type especially. Research has also indicated chromosomal damage which may cause abnormalities in the offspring of LSD users.

LSD has a particular attraction to the adolescent. For young people who are still undergoing emotional development, and who seek a realistic hold on ways of solving problems and ways of living, the effects of LSD can be even more frightening and confusing. The growing brain is more vulnerable than the adult brain to all mind-altering drugs. When reports from psychiatric clinics began to call attention to possible irreversible organic brain damage and chromosomal breaks, it has been observed that the use of these drugs dropped off sharply among college-age people.

MARIJUANA

THE MOST UNPREDICTABLE AND CONTROVERSIAL "DANGEROUS DRUG"

Is marijuana a destructive "killer weed" or a harmless "magic grass"? Without question, marijuana is the most controversial substance in drug abuse. Some facts, and much fancy, have been included in writings about marijuana; and it is difficult to sort out the bias or inaccuracy regarding the drug and to present an objective statement of facts.

Marijuana is a drug found in the flowering tops and leaves of the Indian hemp plant, cannabis sativa. The plant grows in mild climates in countries around the world; especially in Mexico, Africa, India, and the Middle East. It also grows in the United States, where the drug is known as pot, tea, grass, weed, Mary Jane, and by other names. The strength of the drug differs from place to place, depending on where and how it is grown, how it is prepared for use, and how it is stored. The marijuana grown in the United States is much weaker than the kind grown in Asia, Mexico, Africa, or the Near East.

Marijuana has no known medical use and is used mainly for its intoxicating effects as a mild hallucinogen. When smoked, it quickly enters the blood stream and acts on the brain and the nervous system. The following physical effects are characteristic of a user of marijuana:

1. Reduction of overall body temperature
2. Reduction in ability to coordinate body movements
3. Reduction in glucose
4. A desire for sweets and a general increase in appetite
5. Nausea
6. Inflamation of mucous membranes
7. Dilated pupils
8. Inaccurate spatial perception (This false judging of distance is particularly dangerous when the abuser attempts to drive a car).

The long-term physical effects of taking marijuana are not yet known, but it is felt that it does not cause physical dependence.

Psychological and emotional effects of using marijuana may include various combinations of the following:

1. Giggling and hilarity
2. Laziness, indifference, and carelessness
3. Emotional instability
4. Irritability and a quarrelsome disposition
5. Impaired memory
6. Confusion and making of illogical and faulty decisions
7. Withdrawal from responsibilities and normal social contacts
8. Reduction of inhibitions
9. Exaggeration of sensory perception
10. Hallucinations (occuring with strong and repeated doses)
11. Anxiety and deep depression (with repeated use)

Those attempting to condone the use of marijuana have developed many arguments to support their cause. Two of the most frequent arguments involve a comparison between marijuana and tobacco and between marijuana and alcohol.

In comparing tobacco and marijuana, it can be stated that neither apparently produce physical dependence; but both can result in psychological dependency. It is now generally accepted that the continued use of tobacco may result in impaired functioning of heart and lungs, and induce cancer or other serious illnesses. Marijuana is not known to do any of these things, although long-term research is not available on marijuana's effects on the human body. Use of tobacco does not intoxicate the user, make him violent, change his sensory perception, reduce his ability to function normally, cause hallucinations, reduce his inhibitions, or make him a dangerous driver. Marijuana may have any one, or a combination, of all these effects. Finally, the use of tobacco is unlikely to lead to the use of more dangerous substances for "kicks" or consolation.

There are also those who believe that marijuana is safer for the user than alcohol, or certainly no worse. There are two major points to be noted in this comparison. The first is that alcohol is a depressant; but marijuana is a mild hallucinogen with both stimulant and depressant properties. A person who has consumed a large quantity of alcohol goes through gradual stages of immobilization to a possible drunken stupor. A person intoxicated with marijuana is likely to become highly active and sometimes follow a dangerous pattern of behavior. A second point is that many users of alcohol consume it in limited quantities to relax; and thus do not even seek, or approach, a state of intoxication. On the other hand, users of marijuana generally attempt to achieve intoxication.

It is difficult to assume a positive position about marijuana. Unfortunately, many of the facts about the physical and psychological effects of marijuana are not known at this time. It is known however, that marijuana does contribute to a general disregard for the realistic consequences of behavior in young people, and its use increases the probability of the abuse of other more dangerous drugs.

SEDATIVES

NIGHTMARES IN COLORED JACKETS

The sedatives belong to a large family of drugs manufactured for medical purposes to relax the central nervous system. All tranquilizers are placed in this category. Of the sedatives, the best known are the barbiturates, made from barbituric acid which was first produced in 1846.

Barbiturates range from the short-acting, fast-starting, pentobarbital sodium (Nembutal) and secobarbital sodium (Seconal), to the long-acting, slow-starting phenobarbital (Luminal), amobarbital (Amytal), and butabarbital (Butisal). The short-acting preparations are the ones most commonly abused. The slang terms for these include "blues" (Amytal), "yellow jackets" (Nembutal), "reds" (Seconal), and "barbs" or "goof balls" for general usage. These are usually found in capsule form.

Doctors prescribe sedatives widely to treat high blood pressure, epilepsy, and insommia; to diagnose and treat mental illness; and to relax patients before and during surgery.

Excessive use of barbiturates can be most dangerous. A person who is under heavy influence of these drugs may appear drunk. He has a staggering gait, slurred speech, and poor coordination. The ability to think, to concentrate, and to work is impaired; and emotional control is weakened. Users may become irritable, angry and combative. Finally, they may fall into deep sleep. An overdose can paralyze the breathing canter in the brain and cause death.

These drugs are physically addicting. Some experts consider barbiturate addiction more difficult to cure than a narcotic dependency. The body needs

increasingly higher doses to feel their effects. If the drug is withdrawn abruptly, the user suffers withdrawal sickness with cramps, nausea, delirium, and convulsions, and in some cases sudden death. Therefore, withdrawal should take place in a hospital over a period of several weeks on gradually reduced dosages. It takes several months for the body to return to normal.

Frequently, these drugs are taken in combination with the amphetamines and/or alcohol; and as a result the sedative qualities are potentiated causing an unexpected degree of incoordination, intoxication, or coma.

STIMULANTS

SPEED KILLS WHILE GOING NOWHERE

Amphetamines, which first became available for medical use in the 1930's, are stimulants to the central nervous system and are best known for their ability to combat fatigue and sleepiness. They are used medically in the treatment of narco-lepsy (involuntary attacks of sleep), depression and obesity. They are also used in nasal sprays to shrink nasal membranes. The most commonly used stimulants are amphetamine, dexedrine, and methedrine. Slang terms for these drugs include "pep pills", "bennies" and "speed" or "crystal". They are usually found in capsule form.

According to current research findings, amphetamines stimulate the release of norepinephrine (a substance stored in nerve endings) and concentrate it in the higher centers of the brain. This speeds up the action of the heart and the metabolic process through which the body converts food into the chemicals it needs. It also raises the blood pressure; causes palpitations (throbbing heart and rapid breathing); dilates the pupils; and causes dry mouth, sweating, headaches, diarrhea and pallor.

These stimulants are generally swallowed as capsules, but can be taken in liquid form by injection into a vein at regular time intervals.

These drugs do not produce physical dependence as do the narcotics, but tolerance does develop so that larger and larger doses are required to feel the desired effects. Psychological dependence does develop so that for mental or emotional reasons the user continues to turn to these drugs.

Exhaustion and temporary psychosis, which may result from abuse of stimulants, may require hospitalization. Abrupt withdrawal may result in a deep and suicidal depression. Long-term users of the amphetamines are usually irritable and unstable, and show varying degrees of social, intellectual, and emotional breakdown. Their behavior is often assaultive, antisocial, and unpredictable.

Generally, misuse is associated with milder symptoms. The abuser is talkative, excitable and restless, and experiences a "high". While under the influence, he seldom eats or sleeps which results in physical deterioration. An additional problem is that the abuser of the stimulant drugs often will also use the sedative-type drug creating an "up and down" situation which results in further drug dependency.

NARCOTICS

LAST STOP ON THE MAINLINE

Medically defined, narcotics are drugs which produce insensibility or stupor due to their depressant effect on the central nervous system. Included in this definition are opium, opium derivatives (morphine, codeine, heroin) and synthetic opiates (meperidine, methadone).

These drugs have important legitimate applications and are used on a short term basis by doctors for the relief of pain due to surgery, trauma, burns, etc. Manufacture and distribution of medicinal opiates are stringently controlled by the Federal Government.

The appeal of narcotics to the drug user lies in their ability to reduce sensitivity to both psychological and physical stimuli and to produce a sense of euphoria. These drugs dull fear, tension, and anxiety. They depress the central nervous system, cause lack of coordination, impair thinking, and may cause stupor or coma. Under the influence of morphine-like narcotics, the addict is usually lethargic and indifferent to his environment and personal situation.

The price tag on the abuse of these drugs is high. Chronic use may lead to both physical and psychological dependence. Psychological dependence is the more serious of the two since it is still operative after drug use has been discontinued. With chronic use, tolerance develops and ever-increasing dosage is required in order to achieve the desired effect. As the need for the drug increases, the addict's activities become increasingly drug-centered. He is like the victim of a communicable disease. The germs are present in the environment and he is susceptible to them. Now it is too late for prevention--the disease will run its course.

Symptoms of withdrawal from narcotics include:

1. Nervousness, anxiety,sleeplessness
2. Yawning, running eyes and nose, sweating
3. Enlargement of the pupils, "gooseflesh", muscle twitching
4. Severe aches of back and legs, hot and cold flashes
5. Vomiting and diarrhea
6. Increases in breathing rate, blood pressure and temperature
7. A feeling of desperation and an obsessional desire to secure a "fix"

Abrupt and complete withdrawal of the drug from a person with a strong physical dependence on it results in great physical torment and may be fatal. Even after physical withdrawal has taken place, the abuser, because of his psychological dependency, may, in a weak moment, start the habit again and yet again. Unfortunately, few permanent cures are accomplished.

In addition, the addict is faced with the problem of obtaining money daily to support his expensive habit. He may turn to various criminal activities to support the habit that he has no real hope of permanently breaking.

VOLATILE CHEMICALS

THE SNIFFER--OUT OF SIGHT OR OUT OF MIND

A volatile chemical is a substance that changes easily into a vaporous gas. Among the volatile substances being misused are glue, paint, paint thinner, gasoline, lighter fluid, and aerosal products such as deodorants and hair sprays. Deliberately inhaling or sniffing the fumes of the solvents present can produce effects that are as wild and dangerous as those resulting from swallowing or injecting drugs and narcotics. However, volatile substances are not classified as either drugs or narcotics.

GLUE

Glue sniffing seems to be more common among members of low economic groups in the age group of 8 to 15. It is more prevalent among boys than girls. The usual method of deliberate use involves expelling the glue from the tube on to a rag, handkerchief, or gauze, which is then held up to the nose and mouth. Inhalation is continued untilthe desired sensation is achieved or until the solvent has evaporated.

Glue sniffing produces the following physical and mental effects:

1. A tingling sensation
2. Intoxication, with slurred speech, dizziness, and unsteady gait
3. Irritability
4. Irresponsible, foolish, and sometimes homicidal actions
5. Possible loss of consciousness and coma
6. Inflamed eyes and swollen nose, throat, and lung tissue
7. Nausea, vomiting, appetite and weight loss

Continued sniffing of glue is extremely dangerous and may result in the following:

1. Blood abnormalities and destruction of bone marrow
2. Damage to brain, nervous system, kidneys, liver, and heart which is irreversible.

Any of the above may result in death. Fatalities have also occurred from suffocation resulting from plastic bags being held by the intoxicated glue sniffer against his face until he is unconscious and dies. Glue sniffers are in definite danger of psychological dependence, and some of the more severe cases report physical problems upon withdrawal.

OTHER VOLATILE LIQUIDS

There are scores of liquids and aerosal sprays that give off fumes, and abusers have found that most of them can produce effects similar to those mentioned for glue. The deliberate inhalation of these concentrated fumes is extremely dangerous.

Because of the great number of common and highly useful chemical products that are volatile, it is impossible to prevent the inhaling of toxic fumes by restricting the sale of the products. Any real progress in preventing the "sniffing" practice must be achieved by educating the potential abuser about the severe hazards involved.

ALCOHOL

ROAD TO OBLIVION

A problem resulting from the great emphasis on drug abuse in our society today is that we forget that alcohol is a drug. We get things out of perspective by over-emphasizing the problems of drug use (which are very critical) but, much to our relief, are able to forget the problems of alcohol which are a hundred times more critical in our society.

The first effect of alcohol on the brain is to dull the capacity for self-criticism and sense of caution. This is followed by a lessening of care and anxiety. The sense of humor is dulled. The checks on irresponsible and unreasonable behavior are also dulled. Action follows impulse. There is emotional spontaniety; reaction time becomes slower; coordinations are disturbed; drowsiness follows.

The preceding effects are on the thinking part of the brain. They are followed by conspicuous effects upon the motor and sensory controls shown by staggering, seeing double, speech difficulties, disturbed equilibrium, uncontrolled emotions, and heavy sleepiness.

The excessive consumption of alcohol is one of our major social problems and one of the greatest waste of human resources. Alcohol is a factor in the problems of crime, break-down in family relationships, industrial and traffic accidents, physical health, financial difficulties, and causes addiction leading to alcoholism.

Some of the most frequent reasons for drinking are:

1. Social pressures
2. Sense of independence
3. Like the taste
4. Habit

5. Satisfaction
6. Social conformity
7. Excitement
8. Relaxation
9. Escape

The youth of today often advance the argument that marijuana is less dangerous than alcohol. This is a legitimate argument, at this time, because it has been proven that alcohol is more dangerous than marijuana on a physical basis. Further research on marijuana may bring out the detrimental factors of its usage. However, both create a psychological dependency, which may lead to addiction of either drug. These merely compound the dangers and problems of any drug addiction. As the old adage goes----"Two wrongs do not make a right".

TOBACCO

THE HOOKED ONES

For thousands of years man has found a variety of means to cope with the drudgeries, pressures, boredom, and fears of everyday life. The need for such means is an inescapable part of human nature, and only the form and use of these means have changed from one culture to another. In short, smoking aan serve some constructive, useful, and satisfying purpose. The reason we disapprove of it is that the benefits, pleasures, and satisfactions are out-weighed by the health hazards it creates for the user.

All reports indicate that smoking is a major factor in these three main disease categories:

1. Cardiovascular disease--blood pressure and heart rate are both increased
2. Lung disorders--chronic bronchitis and emphysema
3. Cancer involving mouth, throat and lungs

Tobacco's effects are due primarly to nicotine which stimulates the central nervous system. Nicotine has a narcotic effect on the portion of the brain concerned with tension, anxiety, and excitement. While there is no sense of drowsiness, tensions and anxiety are artificially relieved and the person can relax. Such relaxation, induced by a drug, is only temporary and not really restful.

There are literally hundreds of reasons for not smoking and none at all for smoking.

CHART LISTING DRUGS,

MEDICAL USES,

SYMPTOMS PRODUCED

AND THEIR

DEPENDENCE POTENTIALS

(over)
(Question marks indicate
conflict of opinion)

hart Listing Drugs, Medical Uses, Symptoms

NAME	SLANG NAME	CHEMICAL OR TRADE NAME	SOURCE	CLASSIFICATION	MEDICAL USE	HOW TAKEN
IEROIN	H., Horse, Scat, Junk, Snow, Stuff, Harry, Joy Powder	Diacetylmorphine	Semi-Synthetic (from Morphine)	Narcotic	Pain Relief	Injected or Sniffed
ORPHINE	White stuff, Miss Emma, M. Dreamer	Morphine sulphate	Natural (from Opium)	Narcotic	Pain Relief	Swallowed or Injected
CODEINE	Schoolboy	Methylmorphine	Natural (from Opium) Semi-Synthetic (from Morphine)	Narcotic	Ease Pain and coughing	Swallowed
METHADONE	Dolly	Dolophine Amidone	Synthetic	Narcotic	Pain Relief	Swallowed or Injected
COCAINE	Speed Balls, Gold Dust, Coke, Bernice, Corine, Flake, Star Dust	Methylester of benzoylecgonine	Natural (from coca, NOT cacao)	Stimulant, Local Anesthesia	Local Anesthesia	Sniffed, Injected or Swallowed
MARIJUANA	Pot, Grass, Locoweed, Mary Jane, Hashish, Tea, Gage, Reefers	Cannabis sativa	Natural	Mixed actions	None in U.S.	Smoked, Swallowed, or Sniffed
BARBITURATES	Barbs, Blue Devils, Candy, Yellow Jackets, Phennies, Peanuts, Blue Heavens	Phenobarbital Nembutal, Seconal, Amytal	Synthetic	Sedative-Hypnotic	Sedation, Relieve high blood pressure, epilepsy, hyperthyroidism	Swallowed or Injected
AMPHETAMINES	Bennies, Dexies, Co-Pilots, Wake-Ups, Lid Proppers, Hearts, Pep Pills	Benezedrine, Dexedrine, Dexoxyn, Methedrine	Synthetic	Sympatho Minetic	Relieve mild depression, control appetite and narcolepsy	Swallowed or Injected
LSD	Acid, Sugar, Big D, Cubes, Trips	d-lysergic acid diethylamide	Semi-Synthetic (from ergot alkaloids)	Hallucinogen	Experimental Study of Mental Function, alcoholism	Swallowed
DMT	Businessman's High	Dimethyltriptamine	Synthetic	Hallucinogen	None	Injected
MESCALINE		3,4,5-trimethoxy-phenethylamine	Natural (from Peyote)	Hallucinogen	None	Swallowed
PSILOCYBIN		3 (2-dimethylamino) ethylindol-4-oldihydrogen phosphate	Natural (from Psilocybe Mushroom)	Hallucinogen	None	Swallowed
ALCOHOL	Booze, Juice, etc.	Ethanol ethyl alcohol	Natural (from grapes, grains, etc. via fermentation)	Sedative hypnotic	Solvent, Antiseptic	Swallowed
TOBACCO	Fag, Coffin nail, etc.	Nicotinia Tabacum	Natural	Sedative?	Sedative, Emetic (nicotine)	Smoked, Sniffed, Chewed

Produced and Their Dependence Potentials

USUAL DOSE	DURATION OF EFFECT	EFFECTS SOUGHT	LONG-TERM SYMPTOMS	PHYSICAL DEPENDENCE POTENTIAL	MENTAL DEPENDENCE POTENTIAL	ORGANIC DAMAGE POTENTIAL
Varies	4 hrs.	Euphoria Drowsiness	Addiction, Constipation Loss of Appetite	Yes	Yes	No
15 Milligrams	6 hrs.	Euphoria Drowsiness	Addiction, Constipation Loss of Appetite	Yes	Yes	No
30 Milligrams	4 hrs.	Drowsiness	Addiction, Constipation Loss of Appetite	Yes	Yes	No
10 Milligrams	4-6 hrs.	Prevent Withdrawal Discomfort	Addiction, Constipation Loss of Appetite	Yes	Yes	No
Varies	Varies, Short	Excitation Talkativeness	Depression, Convulsions	No	Yes	Yes?
1-2 Cigarettes	4 hrs.	Relaxation, Increased Euphoria, Perceptions, Sociability	Usually None	No	?	No
50-100 Milligrams	4 hrs.	Anxiety reduction, Euphoria	Addiction w/severe withdrawal symptoms, possible convulsions, Toxic Psychosis	Yes	Yes	Yes
2.5-5 Milligrams	4 hrs.	Alertness, Activeness	Loss of Appetite Delusions Hallucinations Toxic Psychosis	No?	Yes	Yes ?
100-500 Micograms	10 hrs.	Insightful experiences, Exhilaration, Distortion of Senses	May intensify existing psychosis, panic reactions	No	No?	No ?
1-3 Milligram	Less than 1 hr.	Insightful experiences, Exhilaration, Distortion of Senses	?	No	No?	No?
350 Micrograms	12 hrs.	Insightful experiences, Exhilaration, Distortion of Senses	?	No	No?	No ?
25 Milligrams	6-8 hrs.	Insightful experiences, Exhilaration, Distortion of Senses	?	No	No?	No?
Varies	1-4 hrs.	Sense alteration Anxiety reduction Sociability	Cirthosis Toxic psychosis neurologic damage Addiction	Yes	Yes	Yes
Varies	Varies	Calmness Sociability	By Smoking, Emphysema Lung Cancer, Mouth & Throat Cancer, Cardio-Vasular damage, Loss of Appetite	Yes?	Yes	Yes

FEDERAL DANGEROUS DRUG LAWS

Three groups of dangerous drugs--depressants, stimulants, and hallucinogens--are controlled by the Drug Abuse Control Amendments to the Federal Food, Drug and Cosmetic Act passed in 1965 and amended in 1968.

The Drug Abuse Control Amendments utilize two methods to curb drug abuse: All legal handlers of drugs designated as dangerous must keep records of their supplies and sales; purveyors of illegal drugs are punishable under the statute's criminal section.

All registered manufacturers, processors and their suppliers, wholesale druggists, pharmacies, hospitals, clinics, public health agencies, and research laboratories must, as of February 1, 1966, or any date thereafter that a drug comes under control, take an inventory and keep accurate records of receipts and sales of these drugs, and make their records available to FDA agents. For the controlled drugs, no prescription older than 6 months can be filled, nor refills be made more than five times in a 6-month period.

Penalty Provisions: Illegal possession of the dangerous drugs can mean a maximum penalty of one year in prison or a $1,000 fine, or both. However, the offender may be placed on probation for a first offense. If he meets the conditions of his probation, the court may set aside his conviction. A second offense allows for probation, but does not allow for the conviction to be set aside. The third offense calls for a maximum prison term of three years or a fine of $10,000, or both.

A person who illegally produces with intent to sell, counterfeits, or manufactures, sells, or possesses dangerous drugs, may receive a maximum penalty of not more than five years in prison or a $10,000 fine, or both.

Because of the serious consequences of drug abuse among young people, special penalties are provided for those over eighteen years of age who sell or give any of the controlled drugs to persons under eighteen years of age. The first offense carries a maximum penalty of ten years in prison, or a fine of $15,000, or both; a second offense increases the maximum term to fifteen years or a fine of not more than $20,000, or both.

Many states, Arizona included, have adopted legislation for dangerous drugs similar to the controls at the federal level. There are definite laws controlling the possession, sale, and use of drugs and narcotics. These laws are referred to in the Narcotic and Dangerous Drug Manual; pages 27-45. This manual will be found in the School Packet of Drug Education materials in your school library.

PSYCHOSOCIAL REASONS FOR DRUG ABUSE

The drug problem is intertwined with many of the things that are happening to us in our society. It is difficult to separate the drug problem and the alienation we are having with the young people today. The majority of them are serious and smart, and often they don't want any part of a society they didn't create. They don't like what they see in front of them and yet, they know that they have to join the "establishment" ultimately.

With all the pressures and problems that youth perceive, adults should not be too surprised that a portion of the most talented, the most able, the most sensitive and, at times, the most disturbed members of this generation are seeking new ways of finding meaning, heightening their experience, and intensifying their encounter with the world.

If we consider the instruments they use in their search ill-chosen, then it is our responsibility not to judge and condemn, but through our example, knowledge, and precept, to demonstrate that there are better ways of finding significance, integrity, and honor in the modern world.

Many youth protest that the society they are growing up in is materialistic, commercialized, impersonal, automated, full of social injustice, and making little allowance for the individual and his inner feelings. They see the adult world as inconsistent and hypocritical. Many find that their parents are not happy and content with their jobs, their surroundings, their way of life, their tensions, their competitiveness, their confusions. Many youth think the price parents pay to have what they have is not worth the effort.

There are many young people locked into poverty, generation after generation, or locked-in by racial prejudice and with little opportunity for education and achievement, to whom the world looks vastly different. To the poor, the disadvantaged, to those trying to struggle upward in status, the desires and pressures are greater than many of us have experienced. To relieve the frustrations brought about by these situations, many turn to drugs to find the answers.

The middle-class adolescent has other alternatives. No matter how painful it is to grow up in our society, the choice of remaining or leaving is his. External pressures do not force the withdrawal. The middle-class adolescent is not the victim of a society which tends to block minority entry into the dominant culture.

Quite a different matter are the pressures on the minority youngster who is poor. He wants a change of status, and he wants it now. He wants out of his immediate environment. He wants out of unemployment. He wants out of a physical setting which restricts mobility and maximizes feelings of personal defeat. He sees himself standing on the outside---and he wants in.

Against all this backdrop of protest, frustration, and even defeat, there is some appeal in drugs that shut out the world, or promise insight into a personal, inner world. The fact that the drug-taking is illegal reveals its function as a form of rebellion and protest. It is tempting to write it off as a typical phase of youth that should be ignored because inevitably it will pass. We would be remiss to do so; the young people's rebellion is meaningful to them and constitutes both a response to their situation and a way of dealing with it. It is society's responsibility to offer them alternatives of a more positive nature.

CREATING POSITIVE ATTITUDES

The National Institute of Mental Health offers these suggestions that may be helpful in drug abuse education:

1. HELP AVOID PANIC---While drug abuse is a definite and growing problem in the United States, it is important that we remain level-headed about it. Teachers are in a very good position to encourage, by their example, a thoughtful approach by parents, students and the community. While the teacher can play a role in referring suspected problems to the proper authorities, (see Emergency Procedure page) a panic reaction expressed either to the student or to a parent can serve only to alienate the student further, and to confuse what should be straight-forward, objective, and professional action if the student needs help.

2. KEEP LINES OF COMMUNICATION OPEN---One of the best ways of dealing with the drug problem is prevention. Encouraging an atmosphere in which the student feels free to talk and discuss his personal concerns is an important first step. Although difficult to do, it is important to avoid being moralistic and judgmental in talking about drugs and drug users. To be effective, prevention ultimately must be based upon each student's decision not to use drugs because they are incompatible with his personal goals. Emphasizing that no authority, whether school official or police officer, can make that ultimate decision for him may help the youngster clarify his own responsibility. It may also help to reduce the adolescent tendency to view drug abuse as an act of rebellion. Many adults, including teachers, feel uncomfortable and defensive about discussing drugs with teenagers. This is sometimes due to our own inconsistencies in the use of everyday substances like tobacco and alcohol. Nevertheless, there are good and convincing arguments against the use of drugs which can be stated in terms that are persuasive to youth.

For example, some teenagers see the use of drugs as one way of developing heightened self-awareness or of enhancing their inner freedom. Pointing out the inconsistancy of these goals with becoming in any sense drug-dependent--on alcoohol, tobacco, marijuana or or other drugs--may help them solve the problem. Similarly, if they are to improve the society of which they are critical, they can only do so by remaining a part of it rather than by chemically "copping out". Because the abuse of drugs frequently carries with it heavy legal penalties, it is important that youngsters be made aware of the possible long-term ramifications of drug use.

3. AVOID CREATING AN ATMOSPHERE OF DISTRUST AND SUSPICION---Like many parents, some teachers, anxious to discourage drug abuse, are likely to assume that any departure from the preferred styles and customs of the majority is indicative of drug abuse. Youngsters who have tried, or are using drugs, come in all sizes and shapes--with short as well as long hair, and conventional as well as "far out" dress. So do those who don't use drugs. Since the problem of teenage drug abuse embraces a wider range of substances than those prohibited by law, even an attitude of active suspicion and continuous surveillance, were that possible, would not eliminate the problem. It would, however, destroy the climate of trust and confidence essential to the intergenerational communication that is desirable in preventing abuse.

4. BE WELL INFORMED ABOUT DRUGS---Drug-use advocates frequetly use the scarcity of scientifically reliable information as a basis for arguing that marijuana and other drugs are harmless. The absence of complete agreement based on reliable evidence that a substance is harmful does not demonstrate its harmlessness. Frequently relatively long-term use of a substance is required before its public health implications are apparent. Cigarette smoking provides an obvious example.

American experience with marijuana is of relatively short duration. The problems of allowing a harmful drug to become popular and then subsequently making it illegal might be stressed. It might also be useful to discuss some of the originally unsuspected harmful side-effects of drugs, such as birth defects resulting from the use of Thalidomide, which was used as a tranquilizer.

5. USE DRUG EDUCATION MATERIALS AS A SPRINGBOARD TO DISCUSSION---Good films, pamphlets, and other materials can open the way to useful student-teacher discussions. Arguments of students who advocate the use of drugs deserve a hearing and a thoughtful rebuttal. A student's apparent conviction often masks considerable uncertainty about the worth of his arguments. Summarily rejecting the advocate's points may alter his classroom verbal behavior; but it is unlikely to change his thinking. Open and honest discussion of the strengths and weaknesses of various points of view on drug use, by contrast, is likely to help him make a decision on reasoned grounds.

6. AVOID "SCARE" TECHNIQUES---Use of sensational accounts or scare techniques in trying to discourage drug experimentation is usually ineffective because the teenager's direct knowledge frequently contradicts them. Teenagers are demanding--and are entitled to--honest and accurate answers. Given the facts, youngsters often quickly respond. The apparent decline in LSD usage on the college level, for example, is believed to be related to the well-publicized reports of possible adverse psychological and potential biological hazards.

7. ENCOURAGE INTEREST IN ALTERNATIVES TO DRUG USE---Youngsters who find satisfaction in other activities are less likely to find drugs appealing. Many young people feel keenly the problems of today's world. Adolescence is a lonely

time for many. The youngster who is unable to find his place in some orthodox group sometimes turns to drug use as a means of finding a kind of group acceptance. The student who is isolated from others or having more than the usual difficulties in gaining acceptance will sometimes respond very well to a special interest shown by one of his teachers. Particularly for the student with a poor home situation, a sympathetic teacher can provide a model of an understanding adult who has no need to escape into a state of drugged unreality.

MINIATURE DESCRIPTIONS OF SOME RECOMMENDED TEACHING TECHNIQUES

1. Self-Tests. The use of examinations by the pupils themselves, for self-testing and learning, can be a highly effective technique for learning facts within a short space of time. Such examinations should not be associated with grades, although the pupils may desire to grade themselves on their performances.

2. Problem-Solving. The problem-solving teaching technique has many variations, but is apt to have the common feature that it stimulates development of judgment rather than fact, although many facts may be learned from the problem situation also. This is a particularly good method for getting widespread discussion in a group.

3. Educational Games. Because of their universal appeal to all age groups, educational games should be used more often by teachers for learning purposes. If properly conducted, the game tends to create a most favorable emotional atmosphere in the classroom, which is conducive to learning. Games provide a useful means of securing widespread participation by pupils.

4. Bulletin Boards. A bulletin board with a brief, compact message, prepared by the students themselves, constitute a learning situation for both the group of pupils that composes the display and for those who are attracted to it for observation. Effective displays, filed in large manila folders, can be used over and over in a series constantly enriched by further pupil ingenuity and teacher contributions.

5. Maps. Health maps of many kinds can be prepared by individual pupils or by joint class activity. The maps can be of small, individual size, or of a large wall-size. Maps locating hospitals, hazardous traffic intersections,

geographical differences in disease, and so on, can be worthwile learning activity, and those who later observe or study the maps will also learn.

6. Models. The construction of an educational model may be encouraged in the classroom, shop, home, or business establishment on an individual, family, or class-group basis. A continuing search by the pupils and the teacher for those skills essential to construction of models should be maintained. Getting families interested in such projects can be an effective means of parent education on many health problems.

7. Collections. Individual or group collection projects can constitute a good learning situation in the field of health as elsewhere. Have young students identify drugs among non-food substances found in the grocery store.

8. Flannel Boards. The flannel board can be used in a variety of ways in a learning situation. It may comprise the basic core for illustrating certain facts, or it may be used as an adjunct to a self-test, a problem situation, games, or other teaching techniques. When used in creative writing, the pupils should prepare the characters, scenes, and other ingredients needed for the story which they may have written also.

9. Pupil Surveys. The pupil-conducted survey (often correlated with other teaching techniques, such as the use of a bulletin board) can be a rich learning experience. For example, a class may be encouraged to conduct a survey of its own breakfast habits, with comparison to a satisfactory standard, as a starting point for instruction in the field of nutrition. Many other health surveys may be conducted by the pupils under teacher leadership.

10. Motion Picture Films. The production of a health film, possibly in color and sound, can provide a semester-long learning experience for an entire class. Equipment and facilities for such a project may be found in family resources if not within the school itself. There is a tremendous range of health problems which can be approached by this teaching technique and the product itself, if well done, can be used for teaching of later classes. Some examples of films produced by classes: first aid; safety symbols (including labels); garbage disposal; etc.

11. Analysis of Current Events. The isolation of interesting articles or reports from the local newspaper for classroom analysis may provide an effective learning experience. Group discussions of misbehavior in social situations, such as stealing, lying, fighting, drunkenness, and so on, should give opportunity for better understanding of the emotional mechanisms of human relationships, thus leading to comprehension of aspects of mental hygiene.

12. Pupil-Prepared Classroom Library. Pupil production of a classroom library of health articles from popular magazines can be a fine learning experience. Mounting and taping of booklets and organization of the library will be a learning experience in itself.

13. Sociodrama. The sociodrama is essentially an unrehearsed dramatization. Being unrehearsed, it is spontaneous, and hence is apt to be a genuine reflection of knowledge or attitude about a given problem. Many health problems can be approached by this means of teaching. The objective should be to establish an effective learning situation rather than to entertain.

14. Puppets. Especially on the elementary level, puppets can be used for learning situations in health. Audience (pupil) participation should be an essential part of this teaching method. In the primary grades puppets and pupils may talk to each other in such a manner as to secure extensive pupil participation.

15. Creative Writing. The writing of health stories or plays, by an individual pupil, or by an entire class, can be a means of education on particular topics. Some plays or stories may be written for the express purpose of analysis, in terms of the development of serious emotional problems as a teaching technique in the field of mental health.

16. Exhibit. Perhaps the primary value of an exhibit as a learning experience may lie in its preparation, but there is also some value for others who view the exhibit, expecially if the latter is of the audience participation type of exhibit, where the spectator tests his knowledge of a given problem or manipulates some part of the exhibit to gain knowledge.

17. Tape or Recordings. The tape recording has one unique teaching value; if used properly it can bring outside activities into the classroom in a most realistic manner. For example, a tape recording of a court scene in which a juvenile delinquent faces the judge or probation officer may give an effective view of the mind of the delinquent.

18. Demonstrations. Well-conducted demonstrations are always an effective way of teaching about health. Functional models used in conjunction with a demonstration enhance the value of this approach.

19. Buzz Session. The buzz session is best when used for group discussions of controversial questions. The class or audience is divided into small groups of six or eight persons; the controversial question is posed and each group, acting under a chairman, advances its arguments for or against a proposal. After time for discussion, each chairman reports on the views of his group in a succinct manner.

20. Workshop Session. Workshop sessions on a particular health problem, such as the production of a bulletin board display, the binding of a class-prepared booklet on health, the preparation of a series of health slides, etc., can be valuable learning situations.

21. Panel Discussion. The panel discussion brings together a group of four to eight people to talk on a chosen topic, each of the participants having some background and/or having done extensive preparatory work on the subject. An impartial moderator directs the panel, posing questions to certain members, regulating and limiting response, and, oftentimes accepting questions from the audience.

22. Symposium. The symposium is similar to the panel in being composed of authorities on a particular topic, but different in that it has no moderator and is therefore unstructured. To be successful a symposium should be composed of individuals about equally willing to talk. The members ask questions of one another and let the discussion roam where it may (within the realm of the central discussion topic, of course).

23. A debate would require four to eight participants, equally divided into two teams. The debate centers in the discussion of a single positive statement, which begins, "Resolved: that...". One side argues on the affirmative and the other on the negative. Each has a chance to make a presentation plus a rebuttal to the opposing arguments. Some means of judging as to which side presents the better arguments may be considered. For best results, debate teams should have some time to prepare the arguments for their respective sides, rather than having it as a spontaneous performance.

24. Lectures. The lecture's basic strength is as a means of imparting a considerable amount of information in a form organized by the lecturer. Its central weakness lies in the fact that the class participation is largely passive.

25. Story-Telling. This technique may be used at any age grade level. The uses at the lower levels are probably obvious. The story attempts to give a "feeling" (affecting attitudes) more than it acts to impart information.

26. Guest Speaker. The use of an outside resource person, preferably one whose work puts him in practical contact with the subject for which he is responsible, is often a good technique. It is important, however, to have some assurance that the guest can speak and impart knowledge at the audience level.

27. Interview. When the teacher wants to employ a guest authority but wants to evoke answers to specific questions, he may use the interview technique, wherein questions are asked and answered. Students may be encouraged to use this also, bringing in an authority and interviewing him before the class.

28. Skit. The skit is a rehearsed dramatization, making it thus different from the sociodrama. It is a means of affecting attitude as well as an imparter of information.

29. Field Trip. As the name implies, this technique involves a planned visit by an individual, a small group, or a whole class to some health activity, for the purpose of seeing it in actual operation and gaining further knowledge about its purpose or purposes.

30. Health Reporting. This is a rather spontaneous technique, wherein students report to the class on occurrences they have actually observed or in which they have participated, such as an automobile accident, an epileptic seizure, the birth of an animal, a visit to the dentist, etc.

31. Case Study Problem. This technique allows a class to consider a health problem (or problems) in relation to a particular individual (actual or fictional). The facts of the case, with an emphasis on background, are presented in written or oral form, and the discussion proceeds as in other problem-solving.

32. Evaluation of a Television Program. Such a method is best used when a particular program has been assigned as homework or when it can be viewed by the class at school. However, spontaneous, unassigned evaluation, including that of commercials involving health products, may also be encouraged.

33. Slides or Film Strips. These present the visual image and allow flexibility for explanation and discussion during the showing. Instead of always using entire films, think in "single concept" terms. Show a portion and discuss, letting students open discussion on good and bad aspects.

34. Opaque Projector. This device allows the teacher (or student) to project for total class viewing certain passages in a book or magazine, charts, maps, pictures, etc. This is a valuable adjunct to the lecture or as a lead-up to discussion.

OBJECTIVES

K-3

1. To learn that food is important to one's health and non-food substances may be harmful.
2. To take medicines under doctor's direction or when administered by one's parents or with parent's permission.
3. To develop an awareness that drugs and household chemicals have proper uses but are potentially dangerous.
4. To avoid taking candy from strangers.
5. To understand that drugs and cleaning liquids used by adults are not playthings for children.
6. To appreciate the role of the doctor, dentist, nurse, druggist, and other persons who help us maintain good health.
7. To develop an awareness of the dangers of volitale chemicals, tobacco, and alcohol.

4-6

1. To instill the importance of following doctor's orders on medicines prescribed and to consult with him about any changes.
2. To promote the responsibility one has for maintaining and safeguarding his physical and mental health.
3. To relate the normal function of the human body to the abnormal function and destruction caused by the misuse of drugs.
4. To prevent the use of non-food substances which are potentially damaging to the body.

5. To understand the hazard posed by abuse of non-medical substances such as glue, gasoline and paint.
6. To realize the importance of not "going along with the crowd" (peer group pressures).
7. To learn the effects of alcohol on general health and social behavior.
8. To develop an awareness of the effects of tobacco on the human body.

7-8

1. To define and classify drugs and to understand their effects on the body.
2. To present the potential use and misuse of drugs.
3. To inform about the treatment of accidental or intentional poisoning due to drugs.
4. To further develop attitudes and acquire scientific knowledge which will encourage the student to abstain from any form of drug abuse or misuse.
5. To make students aware of the basic facts regarding drugs and drug abuse which should abate curiosity and temptation, and do away with the sensationalism surrounding drug use.
6. To recognize and evaluate claims, sometimes subtle, in the advertising of drugs.
7. To present substantial information so that the student can form good judgement and compile good responses to the question, "Why not try it?".
8. To develop an awareness of the ways people are introduced to drugs.
9. To decide what drugs have to offer before beginning to use any of them.

Concept	Suggestions
1. Food is important for good health.	1. Discuss four basic food groups. 2. Make scrapbook showing food from each category. Discuss and/or use skits of T.V. commercials of food products. 3. Stress the different nutritional needs of the adult versus the growing child. 4. Discuss origin and processing of food products. 5. If it is possible to do so, arrange a field trip to a dairy, ice cream plant, bakery, or some other local agency connected with food processing and distribution. Try to choose an experience that will illustrate the idea that the company either receives their raw materials from another locality, or that they in-turn send their products to another processor before they are received by the consumer.

Emphasize the idea of the necessity of retaining natural food values during processing. Also emphasize the responsibilities of government food handlers, and food preparers in the home. Your cafeteria manager may be used as a resource person.

2. Some common things can be harmful.

1. Discuss effects of eating berries, leaves, flowers, or other parts of non-food plants, and of non-food products found in the grocery store.
2. Talk about how wild berries and fruits differ from those bought in stores.
3. Value of drinking clean water.
4. Play the game "Ye Ask First". The object of the game is to show that some things are safe to put in one's mouth, while others may be harmful. A child should always ask an adult before putting an unknown substance into his mouth.

Materials needed are: bad box, waste basket and illustrations of food, drinks, sprays, cleaners etc. On the bad box is pasted a picture of large open mouth. A slot is cut between the lips. A picture of equal size with mouth closed, is attached to the waste basket. Under the open mouth "Safe to Eat" is printed; under the closed lips, "Not Safe to Eat". Each child takes an illustration and places it into the proper box, after asking the teacher if he can eat it.

3. An appreciation of the medicines commonly found in the home

1. Define medicine
2. Emphasize that prescribed medicine and/or drugs are of healing value to us when prescribed for us by medical doctors and given to us by parents.
3. Emphasize to the students that medicine and/or drugs should not be taken unless they are

taken with the consent of their family doctor and/or parents.

4. Emphasize the use of the family medicine cabinet and its purpose. Medicines and drugs found in the medicine cabinet should be completely regulated and controlled by the parents, and children should not have access to them.
5. Introduce the sign of the skull and crossbones to the students. This sign may be made in relation to other danger signs in life, i.e. railroad crossings, stop lights, etc.
6. Further discussion can bring out the likeness that certain drugs and/or medicines have with candy. The class should be cautioned concerning this problem.
7. Questions for class discussion might include the following:
    a. What various medicines and drugs are commonly found in the home?

b. How are they used?

c. How have they been prescribed or purchased?

d. How do these medicines and drugs help us?

8. Make up "just suppose" or "what if" stories for the class to answer. Some examples are:

a. Suppose you were playing in your home and you found a bottle of pills open on the table. What would you do?

b. What if a playmate offered you something to eat or drink, but you were not sure what it was. What would you say?

c. Suppose you found baby brother or sister chewing on something but he wouldn't open his mouth to let you see what it was, and there was an open box of pills beside him, what would you think? What would you do? Why?

3rd Grade

Concept	Suggestions
1. There is a difference between prescription medicines, patent medicines, and home remedies	1. Discuss the fact that people don't always need medicine when they are sick. Sometimes they need only rest and special food. The doctor is the only one to prescribe certain medicines; and the drug store is the proper place to take the prescription and purchase the medicine. 2. Class discussion on the difference between prescription medicines and patent medicines 3. Discuss the term "home remedy" and have class cite examples--- what is used and the purpose for which it is used.
2. An appreciation of the role of the doctor, dentist, nurse, druggist, and other persons who help us maintain good health	1. Discuss the role of the different health personnel mentioned and the areas in which each of them function 2. When possible arrange to have a representative from each category speak to the class

3. Some substances can cause physical, emotional, and social changes

1. Define "volatile chemicals" and list examples commonly found in the home
2. Discuss how "sniffing" volatiles can effect the body
3. Discuss the effects of substances in tobacco and smoke on the body
4. Discuss the effects of alcohol on the body

4th Grade

Concept	Suggestions
1. Volatile substances found in the home can be extremely harmful if used improperly.	1. Let children make a list and discuss household substances which are potentially harmful. 2. Let children make a display exhibit of dangerous household substances and describe their use in class 3. Have the students read the labels and determine what each substance contains which might make it dangerous 4. Let the children design labels which might be placed on containers as warnings 5. Let the children discuss where these substances are stored (properly or improperly) and have them decide good places for storage 6. Discuss some of the more common items whose fumes, if inhaled, can be harmful; i.e. glue, paint, paint thinner, lighter fluid, etc.

7. Discuss the "outward effects" of inhalation:
    a. possible unconsciousness
    b. staggering
    c. slurred speech
    d. dizziness
    e. rash, foolish, or even dangerous actions
8. Discuss the characteristics of a "glue sniffer"
    a. inflamed eyes
    b. irritated nose and lung tissue
    c. loss of appetite and weight
    d. feels constantly sick
9. Discuss the results of abuse
    a. liver damage
    b. brain damage
    c. kidney damage
    d. destruction of bone marrow
    e. any of the above can result in death

2. Some common plants are poisonous if ingested

1. Have the class write reports and make drawings or find pictures of some of the plants that fit this

category; for example:

sweet peas, oleander, fox glove,

castor beans, china berries, etc.

2. Committee reports and/or

demonstrations on first aid for

suspected poisoning

5th Grade

Concept	Suggestions
1. Tobacco smoke contains many substances that are harmful	1. Introduce terms: nicotine tars, habit-forming, physical dependency, and psychological dependency 2. Discuss how smoking affects the body: a. appetite b. digestive system c. heart and circulatory system d. body cancer e. fingers, fingernails and teeth f. stamina g. breath 3. Free information concerning smoking and young people may be obtained from: a. American Cancer Association 4700 N. 12 St. - 264-5861 b. American Heart Association 1720 E. McDowell - 252-7681

4. Discuss the relationships between smoking and various diseases. Mention that these relationships were not known at the time the children's parents started to smoke---if they smoke
5. Have the students make a class scrap book or bulletin board containing articles about smoking and cigarette advertising from news papers and magazines.

2. Tobacco has a long history of use and the uses vary

1. Form small committees to work and report to the class on such areas as:
   a. history of tobacco
   b. how tobacco is grown
   c. uses of tobacco
   d. the cigarette industry
   e. governmental control and advertising

3. Smoking can be habit-forming

1. Discuss why people smoke, i.e. peer pressure, to show off, or to appear older, etc.
2. Discuss how nicotine affects the body and why the body becomes physically dependent upon nicotine.

3. Discuss the social aspects of smoking, i.e. unpleasant breath, irritating to other people, etc.

4. **Smoking can be a costly habit**

1. Build a math lesson around cigarette costs:
   a. If you smoke x packs of cigarettes a day how much would it cost you per week? per month? Per year?
   b. Based upon a weekly allowance of x, how much money would you have left for other things?
   c. What could you buy with the amount of money you would spend on cigarettes per year if you smoked x packs a day, or how much would you have in 10 years?

5. **Some smokers have decided to stop smoking because they believe smoking is harmful.**

1. Discuss some reasons why people quit:
   a. lose smoker's cough
   b. enjoy food more
   c. will probably live longer

d. set good example for younger people

e. harmful effects on body disappear (damaged cells can replace themselves if abuse has not been prolonged)

2. Discuss some of the things which aid people in stopping, i.e.

a. "medicines" may work

b. psychologically, must want to quit

c. physically, have to quit or disease will get worse

3. Discuss benefits of not smoking, i.e., less chance of diseases, expenses involved, etc.

6. Everyone has to make a decision on smoking

1. Hold a summing-up discussion. Emphasize that each person will have to make his own decision on whether or not to smoke. Some people have never smoked due to moral or religious reasons

6th Grade

Concepts	Suggestions
1. Alcohol is a drug that has been used for centuries	1. Have the children conduct historical research, then discuss the two basic types of alcohol-ethyl and methyl-and how they a are used 2. Discuss use of ethyl (grain) alcohol in different types of beverages, i.e. beer, wine, whiskey, etc. 3. Discuss the uses of both methyl and ethyl alcohol in the U. S. today
2. Alcohol affects the body	1. Discuss the effects of beverage alcohol on various parts of the body: a. brain and nervous system 1. judgment and inhibitions 2. concentration and memory 3. sense organs 4. muscular control 5. reaction time 6. fatigue b. liver

c. kidneys (Polyneuritis)

d. heart and circulation

1. heart and circulation

2. blood pressure

3. pulse

3. Problems occur when alcohol is misused

1. Discuss:

a. accidents and drinking

b. illness and drinking

c. home problems caused by drinking

d. unemployment or employment problems caused by drinking

2. Have class do reasearch on legal controls and regulations concerning alcohol

a. federal

b. state

c. local

3. Discuss reasons for drinking:

a. group acceptance

b. "solve" problems

c. gain self-confidence

d. release social inhibitions

e. act more mature

f. status symbol

g. rebelling against authority

h. experimentations

i. "kicks"

4. Discuss "social drinking" vs. alcoholism

5. Discuss moral and religious reasons for not drirking

7th Grade

Concepts	Suggestions
1. Drug abuse is not a new problem, and some drugs were widely used before their dangers were known	1. Research, and discuss uses of drugs throughout history (Egyptians, Greeks, various religious cults, etc.) 2. Early use of drugs associated with magic 3. Research and discuss wide medical use of opiates in 18th and 19th centuries 4. More recent development of drugs in medicine a. thalidomide b. penicillin c. aspirin d. digitalis e. quinine
2. Some substances are abused and misused in our society	1. Discuss briefly some of the more common ones such as nicotine, caffeine, foods to excess, etc. 2. Briefly discuss the term "medicine", and the value of following doctor's orders or directions on bottle

3. Have students make inventory of potentially harmful chemicals found in the home
    a. discuss contents
    b. discuss directions for use
    c. discuss basic purpose of substance
    d. discuss possible effects if improperly used
4. Discuss how it is possible for a drug to be both beneficial and harmful

3. Different substances affect the body in various ways

1. Introduce the basic types of drugs and how they affect the body and mind
    a. narcotics
    b. stimulants
    c. sedatives (depressants)
    d. hallucinogens
2. Discuss drugs advertised on T.V., the radio, magazines, and newspapers
    a. What do the ads stress?
    b. According to the ads, how will the product help the user?

c. What types are advertised?

d. What types aren't?

Why?

4. There are definite laws controlling the possession, sale, and use of drugs and narcotics.

1. Harrison Narcotic Act, 1914
2. Narcotic Drugs Import and Export Act, 1922
3. Marijuana Tax Act, 1937
4. Opium Poppy Control Act, 1942
5. Boggs Act, 1951
6. Narcotic Control Act, 1956
7. Drug Abuse Control Amendments, 1965

5. Experimenting with drugs may have many adverse effects on a teenager, his family, friends, and society.

1. Discussion on why teenagers experiment
2. Discuss how experimentation hinders a teenager in achieving life goals
3. Discuss the differences between psychological and physiological drug dependence.
4. Discussion on why some people use "crutches" such as drugs rather than face and try to solve their problems

5. Discussion concerning how drug-use among teenagers can be prevented

6. Meeting frustrations by undesirable behaviors such as experimenting with tobacco, alcohol and drugs may block optimal personality development and may lead to serious short and long-range problems

1. Discuss the basic emotional needs such as love, acceptance, belonging, security, success, intellectual stimulation, independence, sense of worth. Consider some realistic and wholesome ways young teenagers can meet these needs through participation in appropriate activities in the home, church, school, and neighborhood
2. What are some typical frustrations of 7th graders? What are some of the undesirable ways to meet these frustrations? (i.e. showing off, over-aggressiveness, bragging, lying, etc.)
3. Role-play or discuss a situation of undesirable behavior that is <u>not</u> related to drugs, smoking or drinking. Ask class to suggest other means of coping with this frustration.

4. Repeat the role-playing or discussion activity described in (3) using a situation related to smoking, drinking, or experimenting with drugs, e.g., a boy or girl who is tempted by his friends by their saying, "All the others do", "It'll make you feel good", or "You can't be a member of our group if you don't". In the discussion have the class consider:

   a. parental and religious beliefs
   b. the laws in relation to minors
   c. what they already know about health risks
   d. the individual's self-esteem, self-confidence, and reliability

7. Whether or not to use drugs will ultimately be the individual child's decision

1. List and discuss the reasons students give for teenagers starting to experiment. Discuss the relation of the reasons expressed to meeting the basic emotional needs.
2. Discuss ways students can resist peer-pressures to experiment without unnecessarily offending others or being continuously taunted by accusations such as "chicken", "baby", or "poor sport".

8th Grade

Concept	Suggestions
1. Drug misuse and abuse is a problem in today's society.	1. Have class gather newspaper and magazine articles, pictures, posters, brochures and advertisements related to drug abuse 2. Discussion in relation to drugs on a nationwide basis as opposed to their prospective high school 3. Why do people use drugs?
2. Drugs can be divided into different categories by how they affect the body	1. Have the class list as many words that they can think of that are related to drugs and drug abuse, and to define the words 2. Discuss briefly the differences between these five categories of drugs: a. narcotics b. stimulants c. sedatives or depressants d. hallucinogens e. volatiles

	3. Discuss the medical purposes, if any, of the categories
3. Narcotics are depressant drugs which produce addiction and tolerance.	1. Discuss, in detail, what the terms "addiction" and "tolerance" mean 2. Discuss the difference between psychological and physiological addiction 3. Explain why some narcotics are sometimes called opiates. 4. Describe the appearances, internal and external effects of the most commonly used narcotics: a. Heroin b. Cocaine c. Morphine 5. Discuss "withdrawal" 6. Review medical uses of narcotics
4. Stimulants, or amphetamines, are a group of synthetic drugs which stimulate the nervous system and cause sleeplessness.	1. Have class name some of the slang terms for this category of drugs. 2. Discuss the harmful effects of amphetamine abuse 3. Discuss the misuse of amphetamines as a cause of accidents 4. Review medical uses of amphetamines

5. Sedatives, or barbituates, are depressant drugs which produce sedative effects and induce sleep.	1. Have the class name some of the slang terms for this category of drugs. 2. Discuss the harmful effects of barbiturate abuse 3. Ask students to suggest several reasons why the use of barbiturates is a significant factor in the cause of automobile accidents which do not involve other vehicles, and why the barbiturates are responsible for about three-fourths of all deaths (accidental or suicidal) from drugs. 4. Review medical use of sedatives
6. The two most commonly used hallucinogens, or so-called "mind-expanders" are LSD and marijuana	1. Briefly discuss the history of LSD. 2. Discuss the different effects of LSD on people; but stress that their is no way of definitely predicting just how the individual is going to respond.

3. Stress the evidence which shows possible chromosomal damage and also the occurance of "flashbacks" due to LSD usage.
4. Point out that marijuana is a hallucinogenic drug which produces a state of intoxication and comes from the leaves and flowers of the hemp plant.
5. Discuss some of the commercial uses of the hemp plant.
    a. rope
    b. hats
    c. hemp
    d. cloth
    e. twine
    f. fertilizers
    g. used in paint, soaps and linoleum
6. Analyze with the students the arguments for legalization of marijuana
7. Explain the effects of marijuana upon the body.

8. Discuss the world-wide marijuana traffic pattern with emphasis on how marijuana comes into Arizona (90% comes from Mexico) and how local teenagers might obtain marijuana.
9. Review the difference between physiological and psychological dependency. Cite evidence which shows that although marijuana does not appear to be physically addictive there seems to be a psychological dependence.
10. Mention some of the other hallucinogenic drugs:
    a. DMT (dimethyltryptamine)
    b. peyote
    c. psilocybin
    d. morning glory seeds

7. Illegally obtained drugs are often impure and vary in strength.

1. Discuss the risks of using illegally sold or manufactured drugs
2. Consider impurities and side-effects, and that this might be even more dangerous than the intended drug

3. Explain how death might occur either from impurities or from a purer dosage (making it stronger) than the user is accustomed to

8. An individual's decision on drug use should be based on factual information.

1. Discuss the roles that facts and peer-attitudes play, or should play, in mature decision-making
2. Discuss the physical, emotional, and social consequences of drug use
3. Discuss the consequences of a criminal record
4. Panel discussions or debates on topics such as:
    a. Can students help others with drug problems?
    b. Should marijuana be legalized?
    c. Why teenagers shouldn't start the "drug scene".

COMMUNITY RESOURCE AGENCIES

YOUR SCHOOL NURSE IS AN INVALUABLE SOURCE OF INFORMATION FOR ALL GRADE LEVELS. SHE MIGHT BE UTILIZED IN THE FOLLOWING WAYS: TEACHER RESOURCE, STUDENT RESOURCE, AND CLASSROOM SPEAKER.

Other community resources are as follows:

1. CODAC:
   COMMUNITY ORGANIZATION FOR DRUG ABUSE CONTROL
   1807 N. Central Avenue - Suite 114, Phoenix, Arizona 85004; Phone: 252-7655

2. CREATIVE LIVING FOUNDATION (CLF)
   3546 E. Thomas Road, Phoenix, Arizona 85016; Phone: 955-6320

3. DOPE STOP (Teen Counselor)
   341 West McDowell, Phoenix, Arizona 85003; Phone: 252-5685

4. TERROS CONTACT-REFERRAL CENTER
   1229 North 1st Street, Phoenix, Arizona 85004; Phone: 253-3118

5. PARENTS ANONYMOUS at Orangewood Presbyterian Church
   7321 N. 10th Street, Phoenix, Arizona ; Phone: 943-1601

6. VALLE DEL SOL INSTITUTE
   1209 S. 1st Ave., Phoenix, Arizona; 85003; Phone: 258-6797

7. TEEN CHALLENGE
   21 W. Willetta, Phoenix, Arizona 85003; Phone: 254-2036

8. PHOENIX POLICE DEPARTMENT; Community Relations Division
   Phoenix, Arizona; Phone: 262-6727 - Notify 4-5 weeks in advance

9. JUVENILE PROBATION AGENCY
   3125 Durango; Phone: 272-6711

10. MARICOPA BAR ASSOCIATION - Young Lawyers Division; Attentin: Mr. Tony Mason;
    Phone: 254-8889 - one week notice required

11. MR. MOISE BERGER - County Attorney
    101 W. Jefferson, Phoenix, Arizona; Phone; 262-3411

12. MARICOPA MENTAL HEALTH ASSOCIATION
    341 W. McDowell, Phone: 252-5685

13. MARICOPA MEDICAL SOCIETY
    2025 N. Central, Phoenix, Arizona; Attention: James A. Anderson, M.D.
    Phone: 279-2361--2-3 weeks notice required

14. ARIZONA PHARMACUTICAL ASSOCIATIONS
2202 N. 7th Street, Phoenix, Arizona; Phone: 258-8121 - 2-4 weeks required

15. MR. GLEN CRANDALL; Phone: 945-0655 (home)
955-2880 (business)

MR. RAN GULDAN; Phone: 947-5241 (home)
279-0314 (business)

MR. LEE STATHAM; Phone: 956-3192

Pharmacists whose speeches are directed to health-science classes and general assemblies with use of visual aides.

16. MR. LARRY WITT; Phone: 273-5900; Suggested for evening parent groups, as he discusses how private citizens can work to combat drug abuse in their communities.

SCHOOL PACKET

SOURCE	COST
1. Resource Book for Drug Abuse Education	$1.25 National Clearing House for Mental Health Information Address: Superintendent of Documents U. S. Government Printing Office Washington, D. C. 20402
2. Drug Abuse: The Chemical Cop-Out	Blue Shield
3. Answers to the Most Frequently Asked Questions About Drug Abuse	.25 per copy Federal Source Book Address: Superintendent of Documents U. S. Government Printing Office Washington, D. C. 20402
4. Drug Abuse A Source Book and Guide For Teachers	California State Department of Educ. Sacramento, California
5. Drugs - Facts on Their Use and Abuse	Scott Foresman Regional Office - Palo Alto, Calif.
6. Drug Information Booklet	Compliments of CODAC 1807 N. Central, Room 114, Phoenix, AZ
7. Pamphlets LSD No. 1828 Up and Down Drugs No. 1830 Narcotics No. 1827 Marijuana No. 1829	.05 per copy Address: Superintendent of Documents U. S. Government Printing Office Washington, D. C. 20402
8. A Doctor Discusses Narcotics and Drug Addiction	$1.75 Address: 5428 N. Virginia Avenue Chicago, Illinois 60625
9. Living Death, the Truth About Drug Addiction	Alcohol-Narcotic Education 316 W. McDowell, Phoenix, AZ
10. Facts About Narcotics and Other Dangerous Drugs	Re-order No. 5-843 SRA - 259 E. Erie Street Chicago, Illinois 60611

11. Deciding About Drugs

Kiwanis Internations;
Address:
101 West Erie Street
Chicago, Illinois 60611

12. No Smoking!
A Kit of 5 Publications

.65 for kit
Address:
Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402

13. Smart Set International Posters

$3.00
Address:
1680 N. Vine
Hollywood, California

14. Youth and the Alcoholic Parent

.15
Address:
Alcohol information Center Room 7
Community Council Bldg.
1515 East Osborn Road
Phoenix, AZ

15. Drug Abuse: Escape to Nowhere
Stock No. 244-07816
Disc. 2-9 copies - 10%
10 or more -- 20%

$2.00 NEA Publication Sales Dept.
Address:
1201 Sixteenth Street, N. W.
Washington, D. C. 20036

16. Smoking and Health Exp.
Demonstrations and Exhibits

.20
Address:
Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402

17. Facts About Alcohol
Re-order No. 5-842

SRA
Address:
259 E. Erie Street
Chicago, Illinois 60611

18. Drug Abuse
The Empty Life

Smith Kline and French Lab.
Philadelphia, PA 19101

19. Drugs and You
1114B-9-69

Channing L. Bette Co. Inc.
Greenfield, Mass. 01301

20. High School Hurdles

Signal Press School and College Serv.
Address:
1730 Chicago Avenue
Evanston, Illinois 60601

21. Glue Sniffing
Trouble in a Tube

.60 Tane Press
Address:
2814 Oaklawn Avenue
Dallas, Texas 75219

22. Why not Marijuana?

.75 Tane Press
Address:
2814 Oaklawn Avenue
Dallas, Texas 75219

23. Let's Talk About Goof Balls and Pep Pills

.65 Tane Press
Address:
2814 Oaklawn Avenue
Dallas, Texas 75219

24. Students and Drug Abuse

.25
Address:
Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402

25. If you Must Smoke

.10
Address:
Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402

26. Smoking and Illness

.10
Address:
Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402

27. How to Plan a Drug Abuse Education Workshop for Teachers

.25
Address:
Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402

28. Five Pamphlets:
Barbiturates; Amphetamines;
Glue Sniffing; LSD; Marijuana

.10 each
Address:
American Medical Association
Dept. of Health Education
535 N. Dearborn Street
Chicago, Illinois 60611

29. Drugs Facts and Fallacies

Bellevue Public Schools
Educational Service Center
Address:
310-102 N. E.
Bellevue,. Washington 98004

30. Drugs
Your Child and You

Ninth Dist. PTA
Address:
San Diego City School Education
Center - Bungalow Three
41 Normal Street
San Diego, California 92103

31. What Alcohol Does
Poster

Tane Press
Address:
2814 Oak Lawn Avenue
Dallas, Texas 75219

32. Marijuana
Questions and Answers

.15 Tact
Address:
P. O. Box 8352
San Marino, California 91108

33. Parents Handbook
Drugs and Their Abuse

Address:
P. O. Box 1085
Victorville, California 92392

34. What Parents Should Know About
the Drug Problem

Campus Crusade For Christ International
Address:
Arrowhead Springs
San Bernardino, California 92404

35. A Summary for Parents and
Students On the Subject of
Teenage Drug Abuse

Department of Public Safety
Address:
Phoenix, Arizona

36. Danger from Heart Disease

American Heart Association
Address:
44 East 23 Street
N. Y., N. Y. 10010
OR
1720 E. McDowell
Phoenix, Ariz.

37. Enjoy the Pleasures from
Not Smoking

Department of Public Safety
Phoenix, Arizona

38. What to Tell your Parents
about Smoking

Department of Public Safety
Phoenix, Arizona

39. What Everyone Should Know
About Smoking and Heart Disease

Department of Public Safety
Phoenix, Arizona

40. Cigarette Quiz

Department of Public Safety
Phoenix, Arizona

41. A Readers Digest Reprint
Pick A Pack of Trouble

Department of Public Safety
Phoenix, Arizona

42.	Posters on Smoking Set of 4	Department of Public Safety Phoenix, Arizona
43.	Slang Used in the World of Drugs	Compliments of Community Oranization for Drug Abuse Control Address: 1807 N. Central, Suite 114 Phoenix, Arizona
44.	A Description of the Drug Abuse Problem in Maricopa County, Ariz. and the Development of CODAC and its Objectives	Department of Public Safety Phoenix, Arizona
45.	Referral Sources For Drug Abusers	Community Organization For Drug Abuse Control (CODAC)
46.	What's Your Cigarette Smoking I.Q.?	Arizona Tuberculosis Association 1239 E. McDowell Phoenix, Arizona
47.	Parent's Guide to Marijuana	Western Electric Company Address: 3750 W. Indian School Road Phoenix, Arizona
48.	Drugs of Abuse	Superintendent of Documents U. S. Government Printing Office Washington, D. C. 20402

Material mentioned above available in School Library

DISTRICT FILMS

FC 1383 — Poisons Around the Home - Gr. 3, 11 min., Color

Depicts the fact that many products in the home are poisonous

Filmstrips

FS 876 — Dangers of Narcotics - Gr. 7-8, Color

FSR 3129 — Values for Teenagers: The Choice is Yours - Gr. 7-8, Color

Additional films and filmstrips will soon be available

FILM BIBLIOGRAPHY

Films and filmstrips available through the Arizona State Health Department

1. New Look at the Old Sauce; filmstrip and recording; grades 6-8; discusses how alcohol affects the body

2. Science of Alcohol; film (color); 10 min.; grades 3-8 Presents facts through laboratory experiments

3. The Distant Runner - Moveable Scene; film (color); 20 min.; Recommended for teachers and parents; values and decision making concerning marijuana

4. The Distant Runner - Flowers of Darkness; film (color); 20 min.; recommended for teachers and parents, emphasizes psychological reasons for drug usage

5. Smoking and Heart Disease; film (color); 10 min.; grades 6-8; factual material

6. Day in the Death of Danny B.; film; 15 min.; grades 7-8; moving story of a day in the life of a young heroin addict

7. Count Down; film (color); 30 min.; grades 5-8; Actual case study of lung cancer, probably due to smoking. An actual lung operation is shown.

8. The Distant Runner - The Bridge From Noplace; film (color); 20 min.; recommended for teachers and parents

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Youth and Drugs. Arizona Republic, 1970. 36p.

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Blakeslee, Alton
What You Should Know About Drugs and Narcotics. New York, N.Y., Associated Press, c1969. 48p.

Cohen, Sidney
The Drug Dilemma. McGraw-Hill, c1969. 139p.

Conroy, Gladys
"Dope Stop". Arizona Medicine (November 1969)

Drug Abuse: The Chemical Cop-Out. National Association of Blue Shield Plans, c1969. unp.

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